

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10735498 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1		1				51								
2	1		1				52								
3		2		2			53								
4		2		2			54								
5		2		2			55								
6		2		2			56								
7		1		1			57								
8		1		1			58								
9		1		1			59								
10		1		1			60								
11		1		1			61								
12		1		1			62								
13		1		1			63								
14		1		1			64								
15		1		1			65								
16	1		1				66								
17	1		1				67								
18		1		1			68								
19		1		1			69								
20		1		1			70								
21		1		1			71								
22		1		1			72								
23		1		1			73								
24		1		1			74								
25		1		1			75								
26		1		1			76								
27		1		1			77								
28							78								
29							79								
30							80								
31							81								
32							82								
33							83								
34							84								
35							85								
36							86								
37							87								
38							88								
39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	4		3				TOTAL IND.								
TOTAL DEP.	26		27				TOTAL DEP.								
TOTAL CLAIMS	30		30				TOTAL CLAIMS								